

Columbus Art Commission

Certificate of Approval Application NEW WORKS OF ART

Application # _____ (For office use)

Project Name

111 N. Front St. - Michael B. Coleman Governmental Center

Date 7/15/16

Exact Location of the Proposed Project

Paintings will be hung in a meeting room on each floor and the image will be reproduced as a wall mural at each elevator lobby - 8 total.

Type of Art Work

Painting and reproduction as wall mural

(e.g. sculpture, mural, installation, video, etc.)

Type of Action Requested (check as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> Conceptual review of project design and placement | <input checked="" type="checkbox"/> Placement approval |
| <input checked="" type="checkbox"/> Design approval | <input type="checkbox"/> Alteration to CAC approved design and/or placement |
| <input type="checkbox"/> Design reconsideration | <input type="checkbox"/> Placement reconsideration |

Proposed Installation (check as many as apply)

- ☐ Temporary - Please list length of duration (up to 5 years) _____
- ☒ Long-term - Duration greater than five years to indefinitely
- ☒ Installation of individual work(s)
- ☒ Integrated into the design and physical development of a building, capital improvement, park, plaza, etc.
- ☒ On property owned or leased by the City of Columbus
- In, on or over the public right-of-way

Ownership

- ☒ Art will be owned by the City of Columbus
- ☐ Art will be donated to the City of Columbus
- ☐ Art will be loaned to the City of Columbus
- ☐ Art will be privately owned with no affiliation to the City of Columbus and will be maintained by the applicant.

List the City Department responsible for design, placement and maintenance of the installation, if applicable

Finance and Management

Affected City Department Contact

Name John Hanson Email JJHanson@columbus.gov Phone 614-645-4822

Applicant Contact Information

Name Samuel Rosenthal
Address 300 Marconi Blvd, Suite 100, Columbus, OH 43215
Phone 614-628-0300 Fax 614-628-0311
Email srosenthal@schooleycaldwell.com Website schooleycaldwell.com

Applicant Signature

Supporting City Department Signature**Please include eight hard copies and one electronic version in PDF format (DVD/CD) of the check list materials, unless otherwise indicated.**

Artist/organization project description, including how the project originated and who is involved.
Resume/Exhibition List and CD Rom or photos of Artist's previous work.
Proposed timeline for fabrication and installation (and removal date/plan if temporary).
Specific materials: specify dimension, weight, materials, color, texture and finish. Provide one full set of samples.
If the work is a mural, specify type and brand of paint. Include maintenance considerations for all materials.
Artwork foundation/support attachment.
Site plan and contextual photo of site. Please note whether the site/building (if mural) is listed as historic, or is located in a historic district.
Elevation drawings showing the relationship of the work to the site.
Scale model of the work showing its relationship to the site (if required by the Commission).
Budget and funding sources (committed and anticipated).
Include a strategy for maintenance, including a complete list of all maintenance requirements.
If the work is to be donated or placed on loan, provide a letter of support from the coordinating City Department.
Documentation of community process, including input and responses, from neighborhood organizations, such as city commissions, civic associations and societies, as applicable.

Temporary Art Only

In addition to the items listed above, provide proof of liability insurance. If the insurance is being provided by another organization, please list the entity.

Artist Contact Information

Name Michael Guinane
Address 285 E. Whittier St. Columbus, OH 43206
Phone 614-309-8668 Fax _____
Email michaelguinane@hotmail.com Website michaelguinane.com

NOTE: Columbus Art Commission Approval shall be required in addition to any other approval or permit that may be required by the City of Columbus prior to such placement or to allow continued placement. This includes, but is not limited to, the issuance or renewal of a Special Right-of-Way Permit pursuant to Chapter 910.

Please submit this form to:
Lori Baudro, AICP
Program Coordinator
Columbus Planning Division
50 W. Gay Street, 4th floor
Columbus, Ohio 43215
614.645.6986 [P] 614.645.1483 [F]
lsbaudro@columbus.gov